08/15/2011 17:03

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

				THUIL ALL A		, a O O I I I I I			Office U	Jse Only	
1.	NAME OF COMMITTEE (in full			AILING LABE R PRINT ♥	L E:	xample:If typ ver the lines	ing, type				
Ш	American Podiatric M	Medical Associa	ation Po	olitical Action C	ommittee						
L			1 1	1 1 1 1 1	1 1 1	1 1 1		1 1 1	1 1 1 1 1	1 1 1	1
ADI	DRESS (number and st	reet) 93	12 Old	Georgetown R	load				1 1 1 1		
	Check if differer than previously reported. (ACC)	, Re	ethesda					<u> </u> MD		20814	1698
2.	FEC IDENTIFICATION	ON NUMBER	~		CITY 🛕			STATI	<b>A</b>	ZIPCO	DE 🛕
	C00008839			3.	IS THIS REPOR	T X	NEW (N)	OR	AMENDEI (A)	)	
4.	TYPE OF REPOR (Choose One)	<b>RT</b> (I	o) Mon Rep Due	ort	Feb 20 (M2		May 20		Aug 20 (M8) Sep 20 (M9)	H	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
	(a) Quarterly Repor	ts:		H	Mar 20 (M:		Jun 20			H	(Non-Election / Year Only)
	April 15 Quarterly F	Report(Q1)		/	Apr 20 (M4	.)	Jul 20 (	M7)	Oct 20 (M10	)	Jan 31 (YE)
	July 15 Quarterly F October 15 Quarterly F	Report(Q2)	(c)	12-Day PRE-Election Report for the	: 🗌	Primary (1 Convention		H	General (12G) Special (12G)		Runoff (12R)
	January 31 Quarterly F	' ' /		Ele	ection on					in the State o	f
	July 31 Mic Report(Nor Year Only)	n-election (MY)	(d)	30-Day  Post -Election Report for the		General (3	30G)	F	Runoff (30R)		Special (30S)
	(TER)	Theport		Ele	ection on					in the State o	f
5.	Covering Period	07	0 1	2011		throug	h	07	31 201	1	
	rtify that I have examine or Print Name of Tre			the best of my am Dabdoub, [	_	e and belief i	t is true, co	orrect and co	omplete.		
Sigi	nature of Treasurer	Electronically	Filed b	y Dr. Willian	n Dabdoub	, DPM		Date	08 1	5	2011
NO	TE : Submission of fal	se, erroneous,	or inco	mplete informa	ation may s	ubject the p	erson sign	ing this Rep	ort to the penaltie	es of 2 U.S	S.C 437g.
	Office Use Only									<b>C FOR</b> l Rev. 12/200	

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Podiatric Medical Association Political Action Committee

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) C	ash on Hand January 1 2011 Y Y Y		243863.33
` '	ash on Hand at egining of Reporting Period	420076.33	
(c) T	otal Receipts (from Line 19)	44221.33	367387.44
(d) S	ubtotal (add lines 6(b) and		
	c) for Column A and Lines a) and 6(c) for Column B)	464297.66	611250.77
Total D	isbursements (from Line 31)	15202.00	162155.11
Reporti	n Hand at Close of ng Period ct Line 7 from Line 6(d))	449095.66	449095.66
the con	and Obligations owed TO nmittee (Itemize all on ule C and/or Schedule D)	0.00	
the con	and Obligations owed BY nmittee (Itemize all on ule C and/or Schedule D)	0.00	

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

м м 0 7 0 1 м м 0 7 3 1 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 28283.33 236110.33 (i) Itemized (use Schedule A) ...... 15938.00 122225.00 (ii) Unitemized ..... (iii) TOTAL (add 44221.33 358335.33 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 44221.33 358335.33 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 9052.11 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 44221.33 367387.44 12, 13, 14, 15, 16, 17, and 18(c)) ...... 20. Total Federal Receipts 44221.33 367387.44 (subtract Line 18(c) from Line 19) .....

FE6AN026

### DETAILED SUMMARY PAGE

of Disbursements FEC. Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A	COLUMN B		
	Total This Period	Calendar Year-to-Date		
Operating Expenditures:     (a) Shared Federal/Non-Federal				
Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating  Expenditures	1702.00	10754.11		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	1702.00	10754.11		
2. Transfers to Affiliated/Other Party  Committees	0.00	0.00		
Contributions to     Federal Candidates/Committees     and Other Political Committees	13500.00	149500.00		
4. Independent Expenditure (use Schedule E)	0.00	0.00		
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00		
6. Loan Repayments Made	0.00	0.00		
7. Loans Made	0.00	0.00		
Refunds of Contributions To:     (a) Individuals/Persons Other     Than Political Committees	0.00	1901.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1901.00		
9. Other Disbursements	0.00	0.00		
0. Federal Election Activity (2 U.S.C 431(20))				
(a) Shared Federal Election Activity (from Schedule H6)				
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
31. Total Disbursements (add Lines 21(c), 22,	15202.00	162155.11		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13202.00	102103.11		
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	15202.00	162155.11		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	44221.33	358335.33
34.	Total Contribution Refunds (from Line 28(d))	0.00	1901.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	44221.33	356434.33
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1702.00	10754.11
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1702.00	10754.11

FE6AN026

	IEDULE A (FEC Form 3X)  MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 32 (check only one)    X   11a
or for	formation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full) nerican Podiatric Medical Associatio	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Dr. Ma Cit De FE fed Na Se	Il Name (Last, First, Middle Initial) Steven M. Spinner iiling Address 1031 Coralina Ln.  y elray Beach C ID number of contributing leral political committee.  me of Employer If-Employed ceipt For: Primary General Other (specify)		Zip Code 33483-6792  n e Physician e Year-to-Date ▼ 625.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 19230782  Amount of Each Receipt this Period  125.00
B. Dr. Ma	ll Name (Last, First, Middle Initial) Roland A. Palmquist illing Address 8958 Riverside Dr.	State AZ C Occupatio		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ful Dr.	ceipt For: Primary General Other (specify) ▼  Il Name (Last, First, Middle Initial) Jeffrey S. Kahn illing Address 63 Murphy Dr.		Physician  Year-to-Date  ▼  1000.00	Date of Receipt
Cit Ro FE fed Na CT			Zip Code 06067-1865	Transaction ID: 19230976  Amount of Each Receipt this Period  100.00
SUB	FOTAL of Receipts This Page (optional)	<u> </u>		1225.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 32 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than  NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any perusing the name and address of any political committee association Political Action Committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial Dr. David B. Laha Mailing Address 6202 W. 132n  City Overland Park  FEC ID number of contributing federal political committee.  Name of Employer Kansas City Foot Speciali-	State Zip Code KS 66209-3920  C Occupation	Date of Receipt  M M M O D D O D O D O D O D O D O D O D
sts, PA Receipt For: Primary General Other (specify)	Podiatric Physician  Aggregate Year-to-Date ▼  2500.00	
Full Name (Last, First, Middle Initial Dr. William H. Dabdoub Mailing Address 100 Ayshire C		Date of Receipt  0 7 0 6 2 0 1 1
City Slidell FEC ID number of contributing federal political committee.	State Zip Code LA 70461-5034  C	Transaction ID: 19237887  Amount of Each Receipt this Period  150.00
Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date   1750.00	
Full Name (Last, First, Middle Initial Dr. Jondelle B. Jenkins  Mailing Address J.B. Jenkins 8  1706 E. 87th 5	Associates	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City Chicago FEC ID number of contributing	State Zip Code IL 60617-2740	Transaction ID: 19237888  Amount of Each Receipt this Period
federal political committee.  Name of Employer J.B. Jenkins & Associates	Occupation Podiatric Physician	833.33
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00	
SUBTOTAL of Receipts This Page (c	ptional)	3483.33

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 32 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and add	not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associat	ion Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Arthur J. Donley, Jr.			Date of Receipt
Mailing Address 2936 Ogden St.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19238485
Philadelphia	PA	19130-1106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer North Wales Podiatry	Occupatio Podiatrio	n Physician	
Receipt For:	<del> </del>	e Year-to-Date ▼	1
Primary General Other (specify) ▼	1.99.0941	250.00	
Full Name (Last, First, Middle Initial) Dr. Ted Mihok			Date of Receipt
Mailing Address 2059 Clinton Ave.			07 05 2011
City	State	Zip Code	Transaction ID: 19238498
Alameda	CA	94501-4379	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Daniel F. Ryan			Date of Receipt
Mailing Address 16288 Birchwood Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19238501
Brainerd	MN	56401-6183	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Brainerd Medical Center, P.A.	Occupation Podiatric	n Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	300.00	
			700.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Assoc	ciation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Michael E. McGowan			Date of Receipt
Mailing Address 4200 S. Thunderb	ird Trl.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sioux Falls	State SD	Zip Code 57103-5036	Transaction ID: 19238502  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37103 3000	300.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Kenneth K. S. Mah			Date of Receipt
Mailing Address 4511 S.E. Hawtho	rne Blvd. #103		0 7 0 6 2 0 1 1
City Portland	State OR	Zip Code 97215-3170	Transaction ID: 19238630
FEC ID number of contributing federal political committee.	C	37213-3170	Amount of Each Receipt this Period  300.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Mark O. Ellis			Date of Receipt
Mailing Address 1166 11th St.			07 06 2011
City Astoria	State OR	Zip Code 97103-4138	Transaction ID: 19238632
FEC ID number of contributing federal political committee.	C	3/103-4130	Amount of Each Receipt this Period  300.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	-D		900.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 32 (check only one)    X
or for comm	ation copied from such Reports and S nercial purposes, other than using the DF COMMITTEE (In Full) can Podiatric Medical Association	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mailing  City  Lincolr  FEC ID federal p	ne (Last, First, Middle Initial) ell Duane Prins Address 3317 Yacht Ave.  n City  number of contributing political committee.  f Employer County Foot Health	State OR C Occupatio	Zip Code 97367-5188 n : Physician	Date of Receipt  0 7 0 6 2 0 1 1  Transaction ID: 19238633  Amount of Each Receipt this Period  300.00
0	For:  imary General  ther (specify) ▼  ne (Last, First, Middle Initial)		e Year-to-Date ▼ 300.00	]
Dr. Mich Mailing City Kenos FEC ID federal p Name o Self-Em Receipt	ael B. Thompson  Address 201 68th Pl.  ha  number of contributing political committee.  f Employer apployed	. '	Zip Code 53143-5137  n Physician Year-to-Date  375.00	Date of Receipt  M M M O O O O O O O O O O O O O O O O
City Portlar FEC ID	ne (Last, First, Middle Initial) k J. McCammon Address 9477 S.E. Emerald Loc and number of contributing political committee.	op State OR C	Zip Code 97086-8037	Date of Receipt  M M M / D D / Y Y Y Y Y  0 7 2 0 1 1  Transaction ID: 19241978  Amount of Each Receipt this Period  42.00
Receipt Pr	f Employer iployed  For: Forimary General  ther (specify) ▼		n Physician Year-to-Date ▼ 294.00	
SUBTOTA	AL of Receipts This Page (optional)			467.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule for each category of th Detailed Summary Pag	e (check only one)
0	or for commercial purposes, other than using the	Statements may not be sold or used by ar e name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Podiatric Medical Associati	on Political Action Committee	
۸.	Full Name (Last, First, Middle Initial) Dr. Chris A. Klimowich		Date of Receipt
	Mailing Address 12630 Panasoffkee D		07 07 2011
	City North Fort Myers	State Zip Code FL 33903-4748	Transaction ID: 19242774  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer The Foot & Ankle Group	Occupation Podiatric Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	00
- 3.	Full Name (Last, First, Middle Initial) Dr. Howard I. Hyman		Date of Receipt
	Mailing Address 1 Brookeside Ct.		07 07 2011
	City	State Zip Code	Transaction ID: 19242776
	Scotch Plains  FEC ID number of contributing federal political committee.	NJ 07076-2647	Amount of Each Receipt this Period  300.00
	Name of Employer Self-Employed	Occupation Podiatric Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	00
. –	Full Name (Last, First, Middle Initial) Dr. Laura J. Pickard		Date of Receipt
	Mailing Address Norridge Foot Clinic 7325 W. Irving Park F		07 07 2011
	City Chicago	State Zip Code  IL 60634-3547	Transaction ID: 19242777  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Norridge Foot Clinic	Occupation Podiatric Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	00
	SUBTOTAL of Receipts This Page (optional)		800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 32 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may r	not be sold or used by any person ess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associatio	n Political Ac	tion Committee	
Full Name (Last, First, Middle Initial) Dr. Rusty Lee Cain			Date of Receipt
Mailing Address 824 8th St.			$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 7 & & 0 & 7 & & 2 & 0 & 1 & 1 \end{bmatrix}$
City	State	Zip Code	Transaction ID: 19248643
<u>Fairmont</u>	WV	26554-2561	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Doctors Foot Center	Occupation Podiatric F	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Curtis W. Long			Date of Receipt
Mailing Address 1047 Brevor Pl.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19248646
Walla Walla	WA	99362-9381	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self-Employed	Occupation Podiatric F	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Dmitry Sandler			Date of Receipt
Mailing Address 2830 Fairways Dr.			07 12 2011
City	State	Zip Code	Transaction ID: 19249358
<u>Homestead</u>	<u>FL</u>	33035-1176	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Self-Employed	Occupation Podiatric F	Physician	
Receipt For: Primary General Other (specify)	. '	/ear-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)		<b></b>	700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 32 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may not be sold or used by any persithe name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Podiatric Medical Associa		
Full Name (Last, First, Middle Initial) Dr. Ross E. Taubman		Date of Receipt
Mailing Address 17325 Moss Side L	n.	0 7 1 3 2 0 1 1
City	State Zip Code	Transaction ID: 19249627
Olney	MD 20832-2917	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Columbia Foot & Ankle Ass- oc.	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Odin de los Reyes		Date of Receipt
Mailing Address 351 Crest Rd.		07 13 YYYYY 2011
City	State Zip Code	Transaction ID: 19250310
Southington	CT 06489-2868	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Craig H. Thomajan		Date of Receipt
Mailing Address Austin Foot & Ankle 5000 Bee Cave Rd.		07 20 7 2011
City	State Zip Code	Transaction ID: 19255567
West Lake Hills	TX 78746-5254	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Austin Foot & Ankle Speci- alists	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	700.00	
CURTOTAL of Provide This Provide (self-	l)	850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 32 (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Podiatric Medical Associ	the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Nathan C. Sabin		Date of Receipt
Mailing Address 16 Deerfield Rd.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19257004
Short Hills	NJ 07078-1424	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Richard W. Peffley		Date of Receipt
Mailing Address Salem Foot Clinic 350 Miller St. S.E.		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19257005
Salem	OR 97302-4248	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Salem Foot Clinic	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Atalay M. Sahin	I	Date of Receipt
Mailing Address 29 Church St. #14		0 7 1 8 2 0 1 1
City	State Zip Code	Transaction ID: 19257006
East Providence	RI 02914-3950	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Prima CARE, P.C.	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	J	1100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 32 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Podiatric Medical Association	name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Steven B. Smith  Mailing Address 2929 E 69th St.  City Tulsa FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:		Zip Code 74136-4541  n a Physician a Year-to-Date ▼	Date of Receipt  M M / D B / Y Y Y Y Y  O 7 18 2011  Transaction ID: 19257010  Amount of Each Receipt this Period  500.00
Primary General Other (specify)   Full Name (Last, First, Middle Initial) Dr. Matthew L. Burrell  Mailing Address 64 Cross Country Lo	99 19 11	500.00	Date of Receipt
Mailing Address 64 Cross Country Ln.  City Plymouth  FEC ID number of contributing federal political committee.  Name of Employer Lake Podiatry, PA  Receipt For:  Primary General Other (specify) ▼		Zip Code 03264-1138  n e Physician e Year-to-Date ▼ 500.00	Transaction ID: 19257012  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Dr. Robert A. Liberatore  Mailing Address 2542 Gleneagles Dr.  City Gastonia  FEC ID number of contributing federal political committee.  Name of Employer Carolina Foot & Ankle Specialists, PA Receipt For: Primary General Other (specify)	, '	Zip Code 28056-7579  n s Physician e Year-to-Date ▼ 500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		•	1500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 32 (check only one)    X
A 0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Podiatric Medical Associati	on Political A	action Committee	
۷.	Full Name (Last, First, Middle Initial) Dr. Robert J. Warkala			Date of Receipt
	Mailing Address 59 Harrowgate Dr.			07 21 7 2011
	City Cherry Hill	State NJ	Zip Code 08003-1938	Transaction ID: 19257082  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		160.00
	Name of Employer Self-Employed	Occupatio Podiatric	n Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1120.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Georgina A. Asante	1		Date of Receipt
	Mailing Address 1900 10th Ave. #305			07 25 2011
	City	State	Zip Code	Transaction ID: 19261096
	Columbus  FEC ID number of contributing federal political committee.	GA	31901-1400	Amount of Each Receipt this Period 45.00
	Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 315.00	
_	Full Name (Last, First, Middle Initial) Dr. Joseph H. Strickland	1		Date of Receipt
	Mailing Address 2990 Longbrooke Wa	ıy		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Clearwater	State FL	Zip Code 33760-1719	Transaction ID: 19273029
	FEC ID number of contributing federal political committee.	C	33760-1719	Amount of Each Receipt this Period  100.00
	Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .	1		305.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 32 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Podiatric Medical Association	Statements may not be sold or used by any personal part of the sold of used by any personal political committee to the sold of	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert G. Smith  Mailing Address 723 Lucerne Cir.  City Ormond Beach FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code FL 32174-4624  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼  700.00	Date of Receipt    M M   D D D   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Richard H. Mann Mailing Address 258 S.E. 6th Ave.  City Delray Beach FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Receipt For:	State Zip Code FL 33483-5259  C  Occupation Podiatric Physician  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 19303779  Amount of Each Receipt this Period  300.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Avriel B. Cohen Mailing Address 2299 N. University Dr  City Pembroke Pines  FEC ID number of contributing federal political committee.	300.00  State Zip Code FL 33024-3611  C	Date of Receipt  M M J D D J 2 0 1 1  Transaction ID: 19303780  Amount of Each Receipt this Period  300.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	Podiatric Physician  Aggregate Year-to-Date ▼  300.00	700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>^</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 18/32   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Podiatric Medical Associ	ation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. William D. Spielfogel			Date of Receipt
Mailing Address 369 93rd St.			07 31 2011
City Brooklyn	State NY	Zip Code 11209-6901	Transaction ID: 19303782  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Bradley W. Bakotic	I		Date of Receipt
Mailing Address 2965 Manor Bridge	Dr.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Alpharetta	State GA	Zip Code 30004-8813	Transaction ID: 19303783  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2500.00
Name of Employer Bako Pathology Associates	Occupation	n Physician	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey Frederick			Date of Receipt
Mailing Address 30005 Forest Dr.			07 31 2011
City Franklin	State MI	Zip Code 48025-1580	Transaction ID: 19303784  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For:  Primary General  Other (specify) ▼	<del>- ' '</del>	Year-to-Date ▼ 1050.00	
SUBTOTAL of Receipts This Page (optional	al)		3800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/32   (check only one)   X   11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Podiatric Medical Associ	ation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Dorothy A. McCarthy-Curran			Date of Receipt
Mailing Address 34 Linwood Rd.			07 31 2011
City	State	Zip Code	Transaction ID: 19303786
Wellesley Hills  FEC ID number of contributing federal political committee.	C	02181-2520	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John V. Guiliana			Date of Receipt
Mailing Address 488 Schooleys Mou	untain Rd. #1B		0 7 3 1 Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19303787
<u>Hackettstown</u>	NJ	07840-4001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Hal Ornstein			Date of Receipt
Mailing Address 5 Amanda Ln.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19303788
Howell	NJ	07731-8941	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1253.00
Name of Employer Affiliated Foot & Ankle Centers	<del> </del>	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1253.00	
SUBTOTAL of Receipts This Page (optional			1753.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 32 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Podiatric Medical Associations and the commercial purposes and the commercial purposes are considered as a commercial purposes.	and Statements may not be sold or used by any pers g the name and address of any political committee to siation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Jane E. Andersen Mailing Address 1906 N. Hawick C  City Chapel Hill  FEC ID number of contributing federal political committee.  Name of Employer Chapel Hill Foot & Ankle	t.  State Zip Code NC 27516-7738  C	Date of Receipt  0 7 3 1 2 0 1 1  Transaction ID: 19303792  Amount of Each Receipt this Period  300.00
Chapel Hill Foot & Ankle Assoc.  Receipt For:  Primary General  Other (specify) ▼	Podiatric Physician  Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial) Dr. Neil R. Kelley Mailing Address 1730 Main St.		Date of Receipt  0 7 3 1 2 0 1 1
City	State Zip Code	Transaction ID: 19303795
Fortuna	CA 95540-2451	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Marshall G. Solomon Mailing Address 37723 Cherry Hill		Date of Receipt  0 7 3 1 2 0 1 1
City	State Zip Code	Transaction ID: 19303796
Farmington Hills  FEC ID number of contributing federal political committee.	MI 48331-4803	Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (option		1100.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the (Check only one)
or for commercial purposes, other than usi	and Statements may not be sold or used not the name and address of any political ciation Political Action Committee	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Juan L. Rocha Mailing Address 4200 Boca Chica	Blvd. E. Tower #16	Date of Receipt
City Brownsville FEC ID number of contributing	State Zip Code TX 78521-0111	Transaction ID: 19303802  Amount of Each Receipt this Period
Federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	Occupation Podiatric Physician Aggregate Year-to-Date	300.00
Full Name (Last, First, Middle Initial) Dr. Mary J. Johnson  Mailing Address 1224 E. 19th St.		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tulsa  FEC ID number of contributing federal political committee.	State         Zip Code           OK         74120-7419	Transaction ID: 19303804  Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date	250.00
Full Name (Last, First, Middle Initial) Dr. Joe H. Huffmyer Mailing Address 4422 Wagonwhee	el Rd.	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Edmond FEC ID number of contributing federal political committee.	State Zip Code OK 73034-5931	Transaction ID: 19303808  Amount of Each Receipt this Period  300.00
Name of Employer Self-Employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date	300.00
SUBTOTAL of Receipts This Page (option	nal)	850.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 32 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	Use to be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Podiatric Medical Association	on Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Milton J. Stern			Date of Receipt
Mailing Address 6970 Burtonwood Dr.			07 31 7 2011
City	State	Zip Code	Transaction ID: 19303811
West Bloomfield	MI	48322-3249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self-Employed	Occupatio Podiatrio	n : Physician	
Receipt For:		e Year-to-Date ▼	7
Primary General Other (specify) ▼	-55.5940	300.00	
Full Name (Last, First, Middle Initial) Dr. Abigail A. Mahoney			Date of Receipt
Mailing Address 5908 Eagle Creek Dr.			07 31 2011
City	State	Zip Code	Transaction ID: 19303812
<u>Peoria</u>	IL	61615-6608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer ACPM Podiatry Group	Occupation Podiatric	n : Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Michael A. Uro			Date of Receipt
Mailing Address 5528 Sage Dr.			07 31 YYYY 2011
City	State	Zip Code	Transaction ID: 19303817
Rocklin	CA	95765-5428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	1000.00	
SUBTOTAL of Receipts This Page (optional) .		<b>_</b>	1450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 32 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Podiatric Medical Associ	nd Statements may not be sold or used by any person the name and address of any political committee to ation Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Amol Saxena Mailing Address 3814 Magnolia Dr.  City Palo Alto	State Zip Code CA 94306-3231	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date  250.00	250.00
Full Name (Last, First, Middle Initial) Dr. Peter A. Miller Mailing Address 1218 Painter Rd.  City Middlebury  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code VT 05753-8936  C  Occupation Podiatric Physician  Aggregate Year-to-Date  300.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 7 3 1 2 0 1 1  Transaction ID: 19303826  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial) Dr. John Stevenson Mailing Address 8721 N. Main St.  City Dayton  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code OH 45415-1331  C  Occupation Podiatric Physician  Aggregate Year-to-Date  300.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 7 3 1 2 0 1 1  Transaction ID: 19303831  Amount of Each Receipt this Period  300.00
SUBTOTAL of Receipts This Page (optional	al)	850.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 32 (check only one)    X
or fo	r commercial purposes, other than using the AME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	merican Podiatric Medical Associati	on Political <i>F</i>	Action Committee	
. <u>N</u>	ull Name (Last, First, Middle Initial) Ir. Michael Q. Davis			Date of Receipt
N	lailing Address 757 Poplar Church Ro	oad		07 31 7 2011
	ity Camp Hill	State PA	Zip Code	Transaction ID: 19303840
F	EC ID number of contributing ederal political committee.	C	17011-2314	Amount of Each Receipt this Period  300.00
<u>d</u>	ame of Employer ennsylvania Podiatric Me- ical Associa	Occupation Executive	n e Director	
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
. <u>D</u>	ull Name (Last, First, Middle Initial) rr. Thomas C. Carr	<u> </u>		Date of Receipt
N	lailing Address 1102 W. Albion Ave.			07 31 2011
	ity	State	Zip Code	Transaction ID: 19303843
F	Chicago  EC ID number of contributing sederal political committee.	C	60626-4614	Amount of Each Receipt this Period 500.00
N C	ame of Employer chicago Podiatric Surgeons	Occupation Podiatric	n : Physician	
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	ull Name (Last, First, Middle Initial)			Date of Receipt
N	lailing Address 4226 S.W. Agate Ave			07 31 2011
	ity	State	Zip Code	Transaction ID: 19303893
F	Corvallis  EC ID number of contributing secret political committee.	OR	97333-1178	Amount of Each Receipt this Period  600.00
N S	ame of Employer self-Employed	Occupation Podiatric	n : Physician	
R	eceipt For: Primary General Other (specify)		e Year-to-Date ▼ 600.00	
SUE	BTOTAL of Receipts This Page (optional) .		<b>_</b>	1400.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 32 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Podiatric Medical Associa:	I Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to the statement of the s	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Dr. Brian Orahood  Mailing Address 250 N.W. River Park	x PI.	Date of Receipt
011	7'. 0.4.	07 31 2011
City Canby	State Zip Code OR 97013-8146	Transaction ID: 19303894
FEC ID number of contributing federal political committee.	C 97013-0140	Amount of Each Receipt this Period  300.00
Name of Employer OR Foot Specialists	Occupation Podiatric Physician	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial)		Data of Pagaint
Dr. Howard M. Gale  Mailing Address 1904 Sweet Bay Cov	/e	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: 19303895
Statesboro	GA 30461-0598	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Daniel F. Byrd		Date of Receipt
Mailing Address 615 N.W. 4th St.		0 7 3 1 2 0 1 1
City	State Zip Code	Transaction ID: 19303897
<u>Pendleton</u>	OR 97801-1414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Blue Mountain Foot Specia- lists	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
		1100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 32 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Podiatric Medical Associat	e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Edward R. Nieuwenhuis, Sr. Mailing Address 62 Peach Tree Ct.  City Hawthorne  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General	State Zip Code NJ 07506-3320  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼	Date of Receipt  0 7 3 1 2 0 1 1  Transaction ID: 19303905  Amount of Each Receipt this Period  300.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. David B. Alper  Mailing Address 3 Oak Ave.  City  Belmont  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	State Zip Code MA 02478-2751  C  Occupation Podiatric Physician	Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. Martha A. Jackson Mailing Address 1305 N. Pointe Ln.  City North Little Rock FEC ID number of contributing federal political committee.	Aggregate Year-to-Date ▼ 450.00  State Zip Code AR 72118-2367  C	Date of Receipt  O 7 3 1 2 0 1 1  Transaction ID: 19303908  Amount of Each Receipt this Period  500.00
Name of Employer Crestwood Foot Clinic  Receipt For:  Primary General Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional)		950.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 32 (check only one)    X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen E. Schwartz Mailing Address 100 S. Doheny #218  City Los Angeles FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	State CA		Date of Receipt  M M M D D D D D D D D D D D D D D D D
	Receipt For: Primary General Other (specify)		Physician  Year-to-Date ▼  1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Jason Ray Surratt  Mailing Address 4524 S.W. 29th Ave.			Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: 19304337
	Portland  FEC ID number of contributing federal political committee.	OR	97239-1208	Amount of Each Receipt this Period 500.00
	Name of Employer Westside Podiatry Clinic	Occupatio	n : Physician	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
 ;.	Full Name (Last, First, Middle Initial) Dr. Kathryn Riffe			Date of Receipt
-	Mailing Address 5000 Honeysuckle Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 19304343
	Milan FEC ID number of contributing federal political committee.	C	38358-6440	Amount of Each Receipt this Period 500.00
	Name of Employer Self-Employed	Occupatio	n Physician	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 500.00	
Ę	SUBTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS				FOR LINE NUMBER: PAGE 28/32										
			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12  13 14 15 16 17										
Any infor or for cor	mation copied from such Reports and Stanmercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.										
1	E OF COMMITTEE (In Full) rican Podiatric Medical Association	n Political A	ction Committee											
Dr. M	lame (Last, First, Middle Initial) ichael Morrill ig Address 3200 Penbroke PI.	State	Zip Code	Date of Receipt  0 7 1 9 2 0 1 1  Transaction ID: 19304349										
FEC federa	ngton  ID number of contributing all political committee.	C	40509-2016	Amount of Each Receipt this Period  300.00										
Recei	y Foot Care  ipt For:  Primary General  Other (specify) ▼	-	Physician Year-to-Date ▼ 300.00											

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.00
TOTAL This Period (last page this line number only)	<b>•</b>	28283.33

	Use separate schedule(s	) FOR LINE (check only	
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
ny Information copied from such Reports and Stat- for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)	The and address of any pointed		mon contributions from cach committee
American Podiatric Medical Association	Political Action Committee	е	
Full Name (Last, First, Middle Initial) Adrian Smith For Congress			Transaction ID: 19238558 Date of Disbursement
Mailing Address 3321 Avenue I Suite 6			07 06 7 2011
City Scottsbluff	State Zip Code NE 69361		Amount of Each Disbursement this Perio
Purpose of Disbursement			1500.00
Candidate Name		011 Category/	
Rep. Adrian Smith  Office Sought: X House Disbut	sement For: 2012	Туре	
	X Primary General Other (specify) ▼		
State: NE District: 03			
Full Name (Last, First, Middle Initial) Ed Royce For Congress			Transaction ID: 19238568 Date of Disbursement
Mailing Address P.O. Box 2525			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & 1 & 1 \end{bmatrix}$
City Orange	State Zip Code CA 92859		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1500.00
Candidate Name Rep. Edward R. Royce		Category/ Type	
0 1	sement For: 2012  X Primary General  Other (specify) ▼		
Full Name (Last, First, Middle Initial) Hatch Election Committee			Transaction ID: 19238570 Date of Disbursement
Mailing Address 175 SOUTH WEST TE	MPLE SUITE 650		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 7 \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ O & G \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & 1 & 1 \end{smallmatrix} \end{bmatrix}$
City Salt Lake City	State Zip Code UT 84101		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	2500.00
Candidate Name Orrin G. Hatch		Category/ Type	
Office Sought:    House   Disbute     X Senate   President     State: UT District:	sement For: 2012 Primary X General Other (specify) ▼	1	

SC	HEDULE	B (FEC Form 3)	<b>(</b> )			FC	R LIN	E NI	UMBE	R:			P	AGE	30 /	32	
,				Use separate schedule(s) for each category of the			(Crieck only			nly one)							
		OBOTTOLINLITT	Detaile	ed Summary Page			21b 27		22 28a	Х	23 28b		24 28c		25 29		26 30b
		ed from such Reports an rposes, other than using															
1 \	NAME OF COM	, ,															
	American Pod	iatric Medical Associa	ation Political A	Action Committee	9												
	Full Name (Last, First, Middle Initial) Wenstrup For Congress								Transaction ID: 19238574 Date of Disbursement								
ļ	Mailing Address	512 Missouri Ave							0 <sup>M</sup> 7	М	/ D	0 6		ž	0 Ť	1	
	City Cincinnati		State OH	Zip Code 45226					Amou	nt o	f Each	h Di	isburse	emen	t this	Peri	od
Ī	Purpose of Disbu	ursement					-							25	00.0	0	
					L	01	_										
	Candidate Name Mr. Brad Wen				С	ateg Typ	,										
	Office Sought:	X House Senate	Disbursement Fo	General		. , , ,											
;	State: OH	President District: 02	Utrier (s	specify)													
_	Full Name (Last, Tom Reed For	First, Middle Initial)  Congress							Trans Date o		-		19242 nent	2764			
Ī	Mailing Address 221 Washington Street								0 <sup>M</sup> 7	М	/ D	0 7	} /	Ž	0 1	1 Y	
	City Corning		State NY	Zip Code 14830					Amou	nt o	f Each	h D	isburse				od
Ī	Purpose of Disbu	ursement				01	1					0		10	00.0	0	
	Candidate Name Rep. Tom Ree				C	ateg Typ											
(	Office Sought:	Senate	Disbursement Fo	General													
;	State: NY	President District: 29	Other (s	specify)													
		First, Middle Initial)							Trane	acti	on ID	٠-	19242	765			
C.	Dutch Ruppers	sberger For Congress	3						Date of	of D	isburs	sem	ent			V	
	Mailing Address 22 West Padonia Road Suite C-141								0 <sup>M</sup> 7	IVI	′	0 7		2	0 Ť	1 '	
	City Timonium		State MD	Zip Code 21093					Amou	nt o	f Each	h D	isburse	emen	t this	Peri	od
Ī	Purpose of Disbu	ursement				V								10	00.0	0	
	Candidate Name Rep. C.A. Dutch Ruppersberger					01 ateg Typ	ory/										
i	Office Sought:	Senate	Disbursement Fo	General	<u> </u>	- , 1-											
;	State: MD	President District: 02	Other (s	specify) $\blacktriangledown$													
su	IBTOTAL of Dis	oursements This Page (c	optional)				<u> </u>							450	0.00	0	

	SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)	)			NUMBE	R:		PA	AGE	31 / 3	32	
	ITEMIZED DISBURSEMENTS	for each	category of the		_	eck only	_						_	1
		Detailed S	Summary Page		$\mathbf{L}$	21b 27	22 28a	L <sup>X</sup>	23 28b	24 28c		25 29		26 30b
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	NAME OF COMMITTEE (In Full)													
	American Podiatric Medical Association Po	olitical Acti	ion Committee	Э										
	Full Name (Last, First, Middle Initial)						Trans	sacti	on ID:	19261	986	<u> </u>		
A.	Latham For Congress						Date	of D	isburse	ement				
	Mailing Address PO Box 71						0 <sup>M</sup> 7	М	<sup>/</sup> 2	25 /	Ž	0 1 1	Y	
		State	Zip Code				Amou	unt o	f Each	Disburse	men	t this F	Perio	od
		IA	50525								10	00.00		
	Purpose of Disbursement			Г	044						10	00.00	_	
	Candidate Name			Ļ	011									
	Rep. Thomas P. Latham			'	atego Type	,								
	_ <u>- '                                  </u>	ment For:	2012		. , pc									
		Primary	General											
	President	Other (spe	ecify) 🔻											
	State: IA District: 04	'												
	Full Name (Last, First, Middle Initial)						Trans	sacti	on ID:	19319	208	}		
В.	Lee Rogers For Congress								isburse					
	Mailing Address 1212 S Victory Blvd						0 <sup>M</sup> 7	М	<sup>′</sup> 2	8 /	Ž	0 1 1	Y	
		State	Zip Code				Amou	unt o	f Each	Disburse	men	t this F	Perio	od od
	Burbank	CA	91502					-		• • •				
	Purpose of Disbursement				011			0			25	00.00	)	
	Candidate Name			ˈc	atego	,								
	Dr. Lee Rogers				Туре	;								
	X	ment For:	2012											
		Primary	General											
	President	Other (spe	ecity) 🔻											

SUBTOTAL of Disbursements This Page (optional)	•	3500.00
TOTAL This Period (last page this line number only)	•	13500.00

State: CA

District: 25

A.

~ 4										
50	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 32/32						
т	EMIZED DISBURSEMENTS	for each category of the	(check onl	y one)						
•		Detailed Summary Page	X 21b	22 23 24 25 26						
			27	28a 28b 28c 29 30b						
	Information copied from such Reports and Statem		, ,	, ,						
or f	or commercial purposes, other than using the name	e and address of any political co	mmittee to so	olicit contributions from such committee						
\	NAME OF COMMITTEE (In Full)									
	American Podiatric Medical Association Po	olitical Action Committee								
	Full Name (Last, First, Middle Initial)			Transaction ID: 19257093						
	Department of the Treasury			Date of Disbursement						
			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
	Mailing Address Internal Revenue Service	Center		07 21 2011						
	City	State Zip Code		Amount of Each Disbursement this Period						
	Ogden	UT 84201-0027								
	Purpose of Disbursement			1702.00						
	Federal Taxes		001							
	Candidate Name		Category/							
			Type							
	Office Sought: House Disburse	ment For:		Federal Taxes						
	Senate	Primary General		i ederal raxes						
	President	Other (specify)								
	State: District:									

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	1702.00
TOTAL This Period (last page this line number only)	<b>•</b>	1702.00